Fourth Amendment to the Contract

This Fourth Amendment to the Contract # MED-10-001-B for Iowa Medicaid Enterprise Services (the "Contract") between the State of Iowa, Department of Human Services (the "Agency", "Department" or "DHS") and Policy Studies Inc. (the "Contractor") is made pursuant to Section 22.5 of the Contract. This Amendment is effective as of June 1, 2012. The Amendment modifies, to the extent specified below, the terms and conditions of the Contract:

1. **Amendment to the Contract.** Attached to this Amendment is a document entitled "Attachment 2-3," which is incorporated herein by reference. Attachment 2-3 is hereby added to the Contract.

2. **Amendment to the Contract.** Attached to this Amendment is a document entitled "Schedule A: Payment Schedule," which is incorporated herein by reference. Schedule A is hereby appended to the Contract.

3. **Amendment to the Contract.** Section 5 of the Contract is hereby amended to read as follows:

Section 5.0 (Scope of Work and Service Requirements)

Services applicable to all Iowa Medicaid Enterprise (IME) contractors are set forth in Section 6 of the Professional Services RFP MED 10-001 and are incorporated herein by reference. Service requirements and performance standards applicable to the professional services component contractors of the IME, including the Provider Services Contractor of the IME, are set forth in the Professional Services RFP, MED-10-001. If there are any changes or additions these are found in Attachments 2-1, 2-2 and Attachment 2-3.

4. **Amendment to the Contract.** Section 7.1 of the Contract is hereby amended to read as follows:

Contractor acknowledges that this is a fixed price performance based Contract and that the Contractor is obligated to perform all of the Contractor responsibilities and meet all of the Contractor performance Standards in the Contract. DHS acknowledges that it is the responsible for meeting all State responsibilities in the RFP and this Contract.

The price for Transition is $0.00. Payment to Contractor for all goods and services provided pursuant to the Contract during Operations and Transition are set forth in Schedule A.

In addition to the price identified herein, A) If the Contractor requested equipment and supplies, excluding office supplies in their Bid Proposal for the Transition, the Department will provide the equipment and supplies if approved to the extent permitted under state procurement laws; B) During the Transition, Operations, and Renewal Option Years, if applicable, the Department will provide the Contractor the equipment and supplies specified in Attachment 4 of the contract.

Without limiting any other provision of this Contract, payment of the Contractor's compensation may, in the sole discretion of DHS, be tied to contract performance as follows:

Operations Payment: The monthly operations payment set forth in Schedule A shall be earned monthly and invoiced the month following the month in which services are performed. During any state fiscal year the Department may withhold up to twelve (12%) percent of the Contractor's annual compensation for Operations for failure to perform.

No amount shall be withheld when failure to perform is due solely to another's action or failure to act, including, without limitation, the Departments' action or failure to act. The amount withheld for failure to perform a requirement or to meet a performance standard under this Contract shall be released to the Contractor upon presentation to the Department of a successful completion of a corrective action plan to correct the performance failure for which the amount was withheld. If there is an amount withheld at termination of this Contract or at the end of the Contract term, the amount withheld shall be placed in escrow, and the Contractor and the Department shall agree on steps the Contractor shall take to earn the balance in escrow.

5. **Ratification, Authorization & Contingency.** Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms. This Amendment is subject to and contingent upon CMS approval.

6. **Execution.** IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

State of Iowa, acting by and through the Iowa Department of Human Services (Agency)

By: Chuck Palmer Date: 9-16-12

Charles Palmer, Director

Policy Studies Inc.

By: Bruce Perkins Date: 7/2/12

~~Eric Rubin, President and Chief Operating Officer~~

Bruce Perkins
Vice President

Attachment 2-1

Contractor Responsibilities:

- Identify all activities for the scope of work of this project
- Update work plan as required throughout the term of the amendment
- Meet milestones on time according to the Department's approval of work plan and tasks
- Meet with IME staff and other state staff as needed to identify relevant information for contractor deliverables
- Meet with IME management to discuss progress
- Produce monthly summary reports of project status
- Produce other reports and/or presentations as determined necessary by the Department
- Meet with other entities as determined necessary by the IME management (ie DHS Data Management Contractor staff)

Project Management and Technical Assistance Activities

Provider Manual Project

Scope of Work:
Facilitate the development of a comprehensive Iowa Medicaid Provider Manual applicable to all providers prior to implementation of ICD-10 in cooperation with all necessary IME units. The manual should be built in such a way that it is integrated with IME processes so that updates are a regular/ongoing part of IME operations so that the document is always kept current.

Key Activities and responsibilities:

1. **Facilitate the development of a foundational policy matrix source:** Identify all relevant data sources and facilitate by working with stakeholders to research the best method for putting together an infrastructure for supporting a location for all program policy info described by codes and regular descriptions. Make sure this source (or "basic policy matrix") is integrated with IME processes and therefore constantly updated/maintained as things change.
2. **Review and revise all situational/supplemental policy descriptions:** Revise and align all program information supplemental to and/or beyond the foundational policy matrix in a consistent and cohesive way. This could be a series of supplemental guides that describe particular considerations, such as what forms are required and how they are completed, specific information by provider or member eligibility category, etc. Make sure this is also integrated with IME processes and maintained as things change.
3. **Create design specifications (IME would call this a Business Requirements Document) for a communication and access tool:** Review other State's provider manuals

and over view "top 5." Develop a best practice list and suggest approach for how to publicize and display the new provider manual as well as track usage.

Deliverables:
"A complete provider manual" ahead of ICD-10 implementation; by completing this project before the (massive) ICD-10 effort and in integrating the business process around policy changes with the communication tool, the new manual should carry forward accurately through ICD-10 project.

Performance Measures:

- Within 14 days of contract commencement submit finalized work plan and present a corresponding walk-through for approval by the Department.
- Update work plan as dates change or determined by the Department
- Meet critical path milestones 100% of the time when control is within vendor's power
- Policy & procedures must be updated within 2 business days of Department approval.
- Monthly reports must be submitted to the Department by the 5th of each month following the end of the month
- Quarterly reports must be submitted to the Department by the 10th of the month following the end of the quarter
- Ad hoc reports/presentations in a timeframe as determined by the Department

HIT and Healthcare Reform Project

Scope of Work-Key activities

Manage the operations of the EHR incentive payment program, including tweaking the processes as it is implemented to achieve maximum effectiveness and efficiencies. Identify and reach out to providers who have not adopted EHR technology to identify barriers and to encourage adoption. Support efforts to implement health care reform initiatives.

- Management of the EHR Incentive Payment Program
- Management of systems and process modifications to support paying providers incentives for the adoption and meaningful use of certified technology.
- Monitor provider adoption of electronic health records
- Research barriers to EHR adoption.

- Plan and execute outreach to providers to encourage them to adopt and meaningfully use electronic health records.
- Plan, develop and implement a program to provide technical assistance to providers for the adoption and meaningful use of EHR. This program will coordinate with and not duplicate efforts of the Iowa HIT Regional Extension Center.
- Educate providers on the EHR incentive payment program
- Communicate with providers regarding status of their EHR application
- Provide application instructions to providers, including directing them to the National Level Repository
- Process provider applications for the EHR incentives.
- Conduct verification activities, in coordination with the Program Integrity Unit.
- Provide lead project oversight and management to all Health Information Technology projects
- Provide weekly status reports regarding HIT project(s) status, items completed, work planned for the next week (including meetings), outstanding action items and issues
- Update the State Medicaid HIT Plan annually or as needed for new initiatives
- Update the HIT I-APD as needed
- Provide HIT I-APD budget planning and tracking
- Provide quarterly update reports for CMS regarding progress on the HIT I-APD
- Provide contract monitoring for HIT project work contracted to other agencies
- Participate in the HIT Regional Extension Center advisory council as directed by the Department
- Participate in the Iowa e-Health advisory council and workgroups as directed by the Department
- Represent Iowa Medicaid Enterprise in presentations and workshops related to Health Information Technology as directed by the Department
- Attend regional and national conferences related to Health Information Technology as directed by the Department, including the Annual CMS HITECH conference and the annual Medicaid Management Information Systems Conference
- Schedule and facilitate monthly status meetings with the project steering team (HIT Project Director, Assistant Medicaid Director, and Medicaid Director) and Provider Services Unit Manager
- Initiate and manage projects related to Health Information Technology as directed by the Project Steering Team. Currently known projects include:
    - Jointly host an annual e-Health Summit conference with Iowa eHealth and the HIT Regional Extension Center
    - Data sharing with the Health Information Network
    - Technical Assistance to providers regarding the meaningful use of electronic health records and the health information network

  - Expand access to clinical information to the appropriate care team members for Medicaid members
  - Medicaid members access to personal health records
  - Application of HIT to reduce costs and/or improve quality outcomes
  - Program evaluation and environmental scans
- Maintain a project library that includes the project deliverables, links to relevant resources, and supporting research
- Document and place in document library all meeting minutes following all meetings with internal and external entities and/or project meetings in which decisions were made or actions items assigned

Deliverables

The project manager is responsible for producing the following deliverables for each project, within the timelines agreed upon by the Department's Project Director:

- EHR Incentive Payment Operational Procedures for provider services
- Business Requirements for all systems changes requested
- Annual Reports that include:
  - Medicaid Provider Adoption of Electronic Health Records - including percent adoption, compared to state-wide data as available.
  - Current barriers to EHR adoption
- Quarterly report that includes:
  - # providers applying for incentive
  - # of payments made , total dollars distributed, broken down by provider type
  - Average length of time from application to payment
  - Summary of provider outreach efforts to adopt EHR
- Project plan for outreach to providers
- Project plan for technical assistance
- Project Charter – including the project scope
- Cost Benefit Analysis
- Business Requirements
- Project Plan
- Test Plan
- Implementation Plan Checklist for Implementation
- Monthly Project Status Report documenting progress, plans, issues and risks regarding outreach and technical assistance

Performance Measures

- Within 14 days of contract commencement submit finalized project plans and present a corresponding walk-through for approval by the Department.
- Update work plan as dates change or determined by the Department
- By the 5th of each month following the end of the month, submit monthly project status reports to the Department
- By the 10th of the month following the end of the quarter, submit quarterly reports to the Department
- Within 30 days of contract commencement, work with program integrity group to draft EHR incentive payment operational procedures for provider services scope
- Project documents will be delivered within the timeframes agreed upon between the contractor and the Project Director in the project charter

Attachment 2-2

Amendment Summary:

This amendment describes the activities necessary to gather requirements and identify a solution to transition to a new and improved IME and DHS website. The activities include two main components: 1) identify potential web design partners capable of developing a new web site based on requirements and 2) identify a content management system that will manage the ongoing content of the web site. This project should take about six months to analyze similar sites, gather requirements and present the best solution options (including costs). At the end of the project, the Agency should be able to make an informed decision regarding which web design partner and content management system to secure. If the Agency decides to move forward with securing these resources, an additional amendment will be executed to implement the selected solution.

Contractor Responsibilities:

- Identify all activities for the scope of work of this project.
- Create and update a project plan throughout the term of the amendment and secure Agency consent and approval of same. Project plan includes identification of critical path milestones.
- Complete tasks and achieve milestones consistent with the project plan.
- Produce weekly summary reports describing project status and detailing the recently completed and upcoming project tasks.
- Meet with IME management to discuss progress. Project status meetings will be included in the regular and ongoing contract status meetings with the Agency.
- Meet as requested by the Agency to inform any other key stakeholders as identified by the Agency on project status and details.
- Meet with other entities/stakeholders as determined necessary by the IME management (i.e. DHS Data Management Contractor staff) within the scope of the project.
- Gather and document requirements necessary to inform the website development project and content management system.
- After requirements are gathered for the website development project and content management system, identify and evaluate entities and products best suited to support implementation and maintenance of the project.
- Produce/facilitate reports and/or presentations to detail options and inform decisions to assist the Agency in selecting a content management system and web development partner.

Agency Responsibilities

- Assist the contractor in identifying all Department entities affected by the project and ensure their cooperation and responsiveness in the process.
- Be available to meet with the contractor as necessary for the purpose of understanding the project and the related decision points.

- Review project plan (and updates) and approve.
- Provide a final decision on the content management system and web development partner from those identified and described by the contractor.

Part A: Website Research and Design Requirements Project

Scope of Work:
Gather detailed requirements to facilitate the planning, design, contracting, implementation and transition to a new and improved IME and DHS website. The site is intended to supersede the current one (http://www.dhs.state.ia.us/), including integrating all sites not currently located and/or supported directly on the "main" DHS site, but are nonetheless part of the Department's organization and responsibility (i.e. http://www.hawk-i.org/).
Key Activities:

- Perform a comparative and gap analysis of (at least) ten similar websites (i.e. other states, insurance payers, provider organizations).
- Document best practices and lessons learned from other State departments within Iowa (i.e. Department of Transportation) for similar web projects.
- Identify key staff, skills, and resources within IME and DHS for the website project.
- Interview key staff and other stakeholders to gather requirements for the website and content management system.
- Develop and implement a Website Assessment Tool (layout, design, and content) to identify customer/client/stakeholder needs and expectations for website.
- Identify key users who should have access and editorial control throughout the new website and the type/level of technical support that may be needed for those users.
- Develop guidelines/recommendations for content maintenance standards.
- Understand and report barriers and project risks, such as staffing, technology, and skills.
- Conduct periodic meetings to ensure key DHS stakeholders understand and provide guidance to the project and ensure a consistent project vision remains as details inform the picture.
- Update project plan as dates change or as determined by the Agency.

Deliverables:

- A report of the current usage of the IME and DHS website, including visits, page views, and top contents.
- A report of the comparative and gap analysis results.
- A report of the Website Assessment Tool survey results.
- Listing/description of basic requirements for a content management system and website

Performance Measures:

- Within 14 days of contract commencement, submit finalized project plan and present a corresponding walk-through for approval by the Agency.
- Meet critical path milestones as defined by the project plan 100% of the time when control is within vendor's power.
- Submit weekly reports to the Agency by the end of the 2nd business day of each week following the end of the reporting period.

Part B: Identification, Analysis and Recommendations for Content Management Systems and Web Design Partners

Scope of Work:
Based on the requirements gathered in Part A, identify and evaluate available solution options. Best solution options will be presented to the Agency.

Key Activities:

- Research and evaluate the current content management systems being widely used by State and Federal Agencies.
- Research Local Web Developers with the skills, and experience to develop and implement the IME and DHS website.
- Compile the requirements into an RFI/RFP type format and gather response/details around how content management options and software development partners could meet the requirements identified in the project.
- Evaluate options and present them to the Agency with recommendations.

Deliverables:

1. RFI/RFP based on requirements gathered for content management systems and software development partners
2. High level report of all solutions evaluated.
3. Single presentation or series of presentations to detail the best solution options and recommendations, including pricing.
4. Implementation plan and budget if a solution option is selected.

Performance Measures

- Meet critical path milestones as defined by the project plan 100% of the time when control is within vendor's power.
- Submit weekly reports must be submitted to the Agency by the end of the 2nd business day of each week following the end of the reporting period.

Attachment 2-3

Contractor Responsibilities:

- Identify all activities for the scope of work of this project
- Create and update work plan as required throughout the term of the amendment
- Meet milestones on time according to the Agency's approval of work plan and tasks
- Meet with IME staff and other state staff as needed to identify relevant information for contractor deliverables
- Meet with IME management to discuss progress
- Produce monthly summary reports of project status
- Produce other reports and/or presentations as determined necessary by the Agency
- Meet with other entities as determined necessary by the IME management (i.e. DHS Data Management Contractor staff)
- Implementation of activities required by Section 6401 of the Patient Protection and Affordable Care Act (ACA) as detailed below

PSI will support the implementation of activities required by Section 6401 of the Patient Protection and Affordable Care Act (ACA) – Provider Screening and Other Enrollment Requirements - as an expansion of the existing scope under the current Provider Services contract. Included are those activities to ensure the IME is compliant with the federal requirements including immediately screening new providers per ACA as they enroll.

Based on the analysis of the provider master file of ongoing enrollment activities by provider category, and considering the available guidance around the regulations regarding the likely screening level, PSI understands the workload associated with implementing these regulations will be fairly limited. The Department has also confirmed that Individual Consumer Directed Attendant Care (I-CDAC) providers will continue to be screened just as they are now: a background check is done prior to enrollment just as now, but there will be no new or additional "site visits" or fingerprinting activity as described in the ACA. PSI expects only about 30 new providers a month that will require a "moderate" or "high" level category enrollment, involving significantly more effort to process and meet ACA requirements, primarily around site visits. In most cases, newly enrolled providers will be in the "limited" category or already subject to Medicare or another state's process, which PSI will verify and document.

The new requirements will also mean additional screening and enrollment of individual practitioners who only prescribe or order on claims submitted to Medicaid (not directly reimbursed); these professionals must now be enrolled and screened under the new regulations. Also, some "institutional" provider categories will now be subject to an application fee that will need to be collected with the enrollment; no application fee was previously charged for enrollment within Iowa Medicaid.

Below are excerpts from 42 C.F.R. § 455.400 containing the requirements for implementing PPACA 6401. PSI indicates the impacts to current enrollment work process, followed by a description of what PSI proposes to meet the new requirement.

Included with the pricing by fiscal year is a chart detailing the specific staffing allocation necessary to support this ongoing activity. Costs not reflected in the budget are the actual price per fingerprint check (we expect about 30-60 a month) paid to the "FBI" source and the additional background checks through our current process (beyond the I-CDAC we already do). Also not included from 6401 is the project of bringing all existing providers through this enhanced screening process in an activity called "re-enrollment" which must happen by March of 2016. Depending on the IME's actual solution, tools and timing, that activity may require additional resources to complete.

Enrollment and Screening of Providers

CFR § 455.410 Enrollment and screening of providers. The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers. The State Medicaid agency may rely on the results of the provider screening performed by any of the following:
(1) Medicare contractors.
(2) Medicaid agencies or Children's Health Insurance Programs of other States.

Scope of Work:

PSI would provide staffing to execute additional provider enrollments into a detailed provider network that would require all prescribers to enroll in the program, even if they do not intend to otherwise provide services or bill the Medicaid program. Total numbers are not clear, but this would include enrollment of physician residents, as well as all advance registered nurse practitioners, physician assistants and others. In cases where PSI could rely on Medicare or another State's enrollment/screening, PSI would add steps to the enrollment processes to verify screening activity with those other sources in all applicable cases.

Key Activities and responsibilities:

1. Obtain a signed release with each individual CDAC and CCO enrollment..
2. Complete referrals for background checks on individual CDAC and CCO providers.
3. Enroll individual CDAC providers if background check is approved.
4. Notify the Financial Management Service Agency of CCO background check approval or denial.
5. Report on individual CDAC providers who do not have an approved background check.
6. Report on individual CCO providers who do not have an approved background check.
7. Report monthly on individual CDAC background checks completed.
8. Report monthly on individual CCO background checks completed.
9. Assure that 100 percent of owners' and managing employees' background checks are complete and have acceptable results.

Site Visits

CFR § 455.432 Site visits: conduct pre-enrollment and post-enrollment site visits of providers who are designated as "moderate" or "high" categorical risks to the Medicaid program. The purpose of the site visit will be to verify that the information submitted to the State Medicaid agency is accurate and to determine compliance with Federal and State enrollment requirements

Scope of Work:

PSI would complete site visits to verify information submitted to the department. PSI would utilize audit staff to complete onsite visits to providers identified by the department as "moderate" or "high" risk. PSI would work with the department to develop a data collection tool and questionnaire to record information collected during the site visit. PSI would also track and record information in the provider file.

Key Activities and responsibilities:

1. Develop a data collection tool and questionnaire to record information in partnership with the department.
2. Complete site visits to moderate or high categorical risk
3. Track and record information in provider file.

Screening Levels

CFR § 455.450 Screening levels for Medicaid providers A State Medicaid agency must screen all initial applications, including applications for a new practice location, and any applications received in response to a re-enrollment or revalidation of enrollment request based on a categorical risk level of "limited," "moderate," or "high." If a provider could fit within more than one risk level described in this section, the highest level of screening is applicable.

Scope of Work:

PSI already completes the majority of the tasks associated within the Limited risk category as part of our current provider services contract. The new tasks include additional checks with Medicare (PECOS) or other database and verifying with the ownership and control disclosure being built on IMPA.

1) Verify that a provider meets any applicable Federal regulations, or State requirements for the provider type prior to making an enrollment determination.
(2) Conduct license verifications, including State licensure verifications in States other than where the provider is enrolling, in accordance with §455.412.
(3) Conduct database checks on a pre- and post-enrollment basis to ensure that providers continue to meet the enrollment criteria for their provider type, in accordance with §455.436.

PSI will complete the following for "Moderate" risk category
(1) Perform the "limited" screening requirements described in paragraph (a) of this section.
(2) Conduct on-site visits in accordance with §455.432.

PSI will complete the following for "High" risk category

1) Perform the "limited" and "moderate" screening requirements described in paragraphs (a) and (b) of this section.
(2)(i) Conduct a criminal background check; and (ii) Require the submission of a set of fingerprints in accordance with §455.434.

Key Activities and responsibilities:

1. Complete additional checks within Medicare (PECOS) or other database and verify ownership and control disclosure being built on IMPA.
2. Verify Provider meets Federal and State requirements for provider type.
3. Conduct License verification
4. Conduct database checks on pre and post enrollment basis
5. Complete additional limited screening for "Moderate" risk category and conduct site sites in accordance with §455.432
6. Complete limited and moderate task screening for "High" risk Category and in addition conduct criminal background check, and require submission of fingerprints in accordance with§455.434.

Application Fees
CFR § 455.460 Application fee. States must collect the applicable application fee prior to executing a provider agreement from a prospective or re-enrolling provider

Scope of Work:

PSI will work with the department to include the collection of an application fee in the enrollment process for new organizations where applicable. Basically this applies to "institutional" providers and will therefore be fairly limited in scope for ongoing enrollments of new organizations.

Key Activities and responsibilities:

1. Collect Application fee from new organizations where applicable.

Performance Measures associated with Section 6401 of the Patient Protection and Affordable Care Act (ACA) – Provider Screening and Other Enrollment Requirements:

- Within 14 days of contract commencement submit finalized work plan and present a corresponding walk-through for approval by the Agency.
- Update work plan as dates change or determined by the Agency

- Meet critical path milestones 100% of the time when control is within vendor's power
- Policy & procedures must be updated within 5 business days of Agency approval.
- Monthly reports must be submitted to the PMO/Agency by the 5th of each month following the end of the month
- Quarterly reports must be submitted to the PMO/Agency by the 10th of the month following the end of the quarter

- Ad hoc reports/presentations in a timeframe as determined by the Agency

MED-10-001-B
Schedule A: Payment Schedule

Contract Time Period	Month of Service	Invoice Amount
SFY 2011	July-10	$ 241,335.08
	August-10	$ 241,335.08
	September-10	$ 241,335.08
	October-10	$ 241,335.08
	November-10	$ 241,335.08
	December-10	$ 241,335.08
	January-11	$ 267,046.01
	February-11	$ 267,046.01
	March-11	$ 278,213.08
	April-11	$ 276,433.08
	May-11	$ 276,093.08
	June-11	$ 274,213.08
SFY 2012	July-11	$ 281,077.45
	August-11	$ 281,077.45
	September-11	$ 283,102.45
	October-11	$ 283,102.45
	November-11	$ 283,102.45
	December-11	$ 283,102.45
	January-12	$ 283,102.45
	February-12	$ 283,102.45
	March-12	$ 273,910.38
	April-12	$ 273,910.38
	May-12	$ 273,910.38
	June-12	$ 311,173.38
SFY 2013	July-12	$ 333,648.53
	August-12	$ 312,148.13
	September-12	$ 312,148.13
	October-12	$ 312,148.13
	November-12	$ 312,148.13
	December-12	$ 312,148.13
	January-13	$ 312,148.13
	February-13	$ 312,148.13
	March-13	$ 312,148.13
	April-13	$ 312,148.13
	May-13	$ 312,148.13
	June-13	$ 312,148.13
Option Yr. 1	July-13	$ 282,744.41
	August-13	$ 282,744.41
	September-13	$ 282,744.41
	October-13	$ 282,744.41
	November-13	$ 282,744.41
	December-13	$ 282,744.41
	January-14	$ 282,744.41

MED-10-001-B
Schedule A: Payment Schedule

Contract Time Period	Month of Service	Invoice Amount
	February-14	$ 282,744.41
	March-14	$ 282,744.41
	April-14	$ 282,744.41
	May-14	$ 282,744.41
	June-14	$ 282,744.41
Option Yr. 2	July-14	$ 291,754.41
	August-14	$ 291,754.41
	September-14	$ 291,754.41
	October-14	$ 291,754.41
	November-14	$ 291,754.41
	December-14	$ 291,754.41
	January-15	$ 291,754.41
	February-15	$ 291,754.41
	March-15	$ 291,754.41
	April-15	$ 291,754.41
	May-15	$ 291,754.41
	June-15	$ 291,754.41
Option Yr. 3	July-15	$ 299,392.91
	August-15	$ 299,392.91
	September-15	$ 299,392.91
	October-15	$ 299,392.91
	November-15	$ 299,392.91
	December-15	$ 299,392.91
	January-16	$ 299,392.91
	February-16	$ 299,392.91
	March-16	$ 299,392.91
	April-16	$ 299,392.91
	May-16	$ 299,392.91
	June-16	$ 299,392.91
Grand Total (including optional extensions)		$ 20,734,707.66